


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000001376 1. Entity Name ST. TEMPLE APOSTOLIC CHURCH INC.	
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Principal Place of Business 1423 FOUNTAIN AVE PANAMA CITY, FL 32401	Mailing Address 1423 FOUNTAIN AVE PANAMA CITY, FL 32401
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01192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3342545	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LEE, WILMAR 1522 FOUNTAIN AVE PANAMA CITY, FL 32405
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wilmar Lee Wilmar LEE overseer 3/8/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, WILMAR 1522 FOUNTAIN AVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY, EMMANUEL 700 TRANSMITTER RD LOT NO 57 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMPSEY, EARLIE 114 SANTE DR PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000673190  
03/29/07-80020-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilmar Lee Wilmar lee 3/8/07 850-769-8661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #